

**AMBULANCE REVENUE and COST REPORT  
FIRE DISTRICT and SMALL RURAL COMPANY**

**Arizona Department of Health Services  
Annual Ambulance Financial Report**

**Greenlee County Ambulance Service  
Reporting Ambulance Service**

Address: 401 Burro Alley

City: Morenci Zip: 85534

**Report Fiscal Year**

From: July 1, 2013 To: June 30, 2014  
Mo. Day Year Mo. Day Year

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature:  Date: 9/8/14

Print Name and Title: Deborah K Gale, Greenlee County Supervisor

Phone: 928-865-2410

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

### AMBULANCE SERVICE ENTITY:

Greenlee County Ambulance Service

### FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	-	-	572	572
2	Number of BLS Billable Transports:	-	-	76	76
3	Number of Loaded Billable Miles:	-	-	22,451	22,451
4	Waiting Time (Hr. & Min.):	-	-	-	-
5	Canceled (Non-Billable) Runs:				454

### AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue		\$	642,023
7	BLS Base Rate Revenue			83,576
8	Mileage Charge Revenue			216,229
9	Waiting Charge Revenue			-
10	Medical Supplies Charge Revenue			-
11	Nurses Charge Revenue			-
12	Standby Charge Revenue (Attach Schedule)			-
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	(Post to Page 3, Line 1)	\$	941,828

### SALARY AND WAGE EXPENSE DETAIL

#### GROSS WAGES:

\*\* No. of FTE's

14	Management	\$	92,837	1.8
15	Paramedics and IEMTs	\$	277,293	8.1
16	Emergency Medical Technician (EMT)	\$	245,702	9.3
17	Other Personnel	\$	-	-
18	Payroll Taxes and Fringe Benefits - All Personnel	\$	70,353	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	\$	686,185	19

\* This column reports only those runs where a contracted discount rate was applied.

\*\* Full-time equivalents (F.T.E.) is the sum of all hours for which employees wages were paid during the year divided by 2080.

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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:**

Greenlee County Ambulance Service

**FOR THE PERIOD**

**FROM:**

July 1, 2013

**TO:**

June 30, 2014

**SCHEDULE OF REVENUES AND EXPENSES**

Line

No.

**DESCRIPTION**

**Operating Revenues:**

1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>941,828</u>
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**Settlement Amounts:**

2	AHCCCS .....		60,126
3	Medicare .....		161,573
4	Subscription Service .....		-
5	Contractual .....		-
6	Other .....		-
7	Total	(Sum of Lines 2 through 6)	<u>221,699</u>

8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>720,129</u>
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**Operating Expenses:**

9	Bad Debt .....		\$ <u>172,014</u>
10	Total Salaries, Wages, and Employee-Related Expenses .....	(From: Page 2, Line 19)	<u>686,185</u>
11	Professional Services .....		<u>54,024</u>
12	Travel and Entertainment .....		-
13	Other General Administrative .....		<u>1,446</u>
14	Depreciation .....		-
15	Rent / Leasing .....		<u>3,600</u>
16	Building / Station .....		<u>3,769</u>
17	Vehicle Expense .....		<u>41,178</u>
18	Other Operating Expense .....		<u>17,639</u>
19	Cost of Medical Supplies Charged to Patients .....		-
20	Interest .....		-
21	Subscription Service Sales Expense .....		-

22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>979,855</u>
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23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(259,726)</u>
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24	Subscription Contract Sales .....		-
25	Other Operating Revenue .....		-
26	Local Supportive Funding .....		-
27	Other Non-Operating Income (Attach Schedule) .....		-
28	Other Non-Operating Expense (Attach Schedule) .....		-

29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ <u>(259,726)</u>
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**Provision for Income Taxes:**

30	Federal Income Tax		-
31	State Income Tax		-
32	Total Income Tax	(Line 30, plus Line 31)	-

33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	<u>(259,726)</u>
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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Greenlee County Ambulance Service

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

### BALANCE SHEET

Due to Greenlee County Ambulance Service's unique agreement between Greenlee County and Gile Health Resources, cash flow is on an as needed basis and is included and part of GHR/Greenlee County's cash flow. We are unable to separate them and provide a projected cash-flow statement for the purpose of this document.

#### ASSETS

##### CURRENT ASSETS

1	Cash .....	\$	_____
2	Accounts Receivable .....		_____
3	Less: Allowance for Doubtful Accounts .....		_____
4	Inventory .....		_____
5	Prepaid Expense .....		_____
6	Other Current Assets .....		_____
7	TOTAL CURRENT ASSETS .....	\$	_____

9	PROPERTY & EQUIPMENT .....		_____
10	Less: Accumulated Depreciation .....		_____

11 OTHER NON CURRENT ASSETS .....

12 TOTAL ASSETS .....

#### LIABILITIES & EQUITY

##### CURRENT LIABILITIES

13	Accounts Payable .....	\$	_____
14	Current Portion of Notes Payable .....		_____
15	Current Portion of Long-Term Debt .....		_____
16	Deferred Subscription Income .....		_____
17	Accrued Expenses and Other .....		_____
18	.....		_____
19	.....		_____
20	TOTAL CURRENT LIABILITIES .....	\$	_____

21	NOTES PAYABLE .....		_____
22	LONG-TERM DEBT, OTHER .....		_____
23	TOTAL LONG-TERM DEBT .....		_____

##### EQUITY & OTHER CREDITS

###### Paid-In Capital:

24	Common Stock .....		_____
25	Paid-In Capital in Excess of Par Value .....		_____
26	Contributed Capital .....		_____
27	Retained Earnings .....		_____
28	.....		_____
29	.....		_____
30	Fund Balance .....		_____
31	TOTAL EQUITY .....		_____

32 TOTAL LIABILITIES & EQUITY .....

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Greenlee County Ambulance Service

**FOR THE PERIOD**

**FROM:**

July 1, 2013

**TO:**

June 30, 2014

**STATEMENT OF CASH FLOWS**

Due to Greenlee County Ambulance Service's unique agreement between Greenlee County and Gile Health Resources, cash flow is on an as needed basis and is included and part of GHR/Greenlee County's cash flow. We are unable to separate them and provide a projected cash-flow statement for the purpose of this document.

**OPERATING ACTIVITIES:**

1 Net (loss) Income ..... for the purpose of this document.

*Adjustments to Reconcile Net Income to Net Cash*

*Provided by Operating Activities:* Note: a increase in these accounts improves cash flow

2 Depreciation Expense ..... \_\_\_\_\_

3 Deferred Income Tax ..... \_\_\_\_\_

4 Loss (gain) on Disposal of Property & Equipment ..... \_\_\_\_\_

*(Increase) Decrease in:* Note: a decrease in these accounts improves cash flow

5 Accounts Receivable ..... \_\_\_\_\_

6 Inventories ..... \_\_\_\_\_

7 Prepaid Expenses ..... \_\_\_\_\_

*Increase (Decrease) in:* Note: a increase in these accounts improves cash flow

8 Accounts Payable ..... \_\_\_\_\_

9 Accrued Expenses ..... \_\_\_\_\_

10 Deferred Subscription Income ..... \_\_\_\_\_

11 NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES \$ \_\_\_\_\_

**INVESTING ACTIVITIES:**

12 Purchases of Property & Equipment ..... \_\_\_\_\_

13 Proceeds from Disposal of Property & Equipment ..... \_\_\_\_\_

14 Purchases of Investments ..... \_\_\_\_\_

15 Proceeds from Disposal of Investments ..... \_\_\_\_\_

16 Loans Made ..... \_\_\_\_\_

17 Collections on Loans ..... \_\_\_\_\_

18 Other ..... \_\_\_\_\_

19 NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES ..... \_\_\_\_\_

**FINANCING ACTIVITIES:**

*New Borrowings:*

20 Long-Term ..... \_\_\_\_\_

21 Short-Term ..... \_\_\_\_\_

*Debt Reduction:*

22 Long-Term ..... \_\_\_\_\_

23 Short-Term ..... \_\_\_\_\_

24 Capital Contributions ..... \_\_\_\_\_

25 Dividends Paid ..... \$ \_\_\_\_\_

26 NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES ..... \_\_\_\_\_

27 NET INCREASE (Decrease) IN CASH ..... \_\_\_\_\_

28 CASH AT BEGINNING OF YEAR ..... \_\_\_\_\_

29 CASH AT END OF YEAR ..... \_\_\_\_\_

**SUPPLEMENTAL DISCLOSURES:**

*Non-cash Investing and Financing Transactions:*

30 ..... \_\_\_\_\_

31 ..... \_\_\_\_\_

32 ..... \_\_\_\_\_

33 Interest Paid (Net of Amounts Capitalized) ..... \_\_\_\_\_

34 Income Taxes Paid ..... \$ \_\_\_\_\_

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